

EMPLOYEE REQUEST FOR CHANGE TO PART-TIME EMPLOYMENT

PRIVACY ACT STATEMENT: The information requested on this form is solicited under authority of 5 U.S.C. 301 and is considered relevant and necessary to process your request for change to part-time employment. Though your response is voluntary, failure to provide necessary information may delay processing. Furnished information may be disclosed outside the Department of Veterans Affairs only as permitted by law.

INSTRUCTIONS: After completion of Items 1-7 by the employee, this form should be given to the immediate supervisor. It is the responsibility of the immediate supervisor to explain the effects of such a change on the employee's rights and benefits. The supervisor will then evaluate the request in terms of employment ceilings, workloads, equipment requirements, etc., and prepare a written recommendation on to the second-line supervisor or approving official. If approved, one copy of this form is to be attached to VA Form 5-4652, Request for Personnel Action, and forwarded to the personnel office. If not approved, one copy of this form is to be forwarded to the personnel office so that the request can be retained for consideration when part-time vacancies occur. *NOTE: Additional information on part-time employment may be found in MP-5, Part I, Chapter 340 or through your personnel office.*

1. NAME OF EMPLOYEE (*Last, first, middle*)

2. TITLE OF PRESENT POSITION

3. SERIES AND GRADE

4. DEPARTMENT/STAFF OFFICE, SERVICE AND DIVISION TO WHICH ASSIGNED

5. SCHEDULE (*List specific hours*)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
A. PRESENT WORK WEEK							
B. REQUESTED WORK WEEK							

6. REASON FOR REQUESTING CHANGE TO PART-TIME EMPLOYMENT (*e.g. family responsibilities, school, etc.*)

7. EMPLOYEE'S STATEMENT OF UNDERSTANDING

I have reviewed and understand the information on this form pertaining to the effects that converting to part-time will have on my rights and benefits.

A. SIGNATURE OF EMPLOYEE

B. DATE SIGNED (*Month, day, year*)

8. DECISION ON REQUEST (*To be completed by second-line supervisor or approving official*)

CHECK APPROPRIATE BOX

☐ APPROVED (*If checked, also complete Items 10, 11 and 12*)

☐ DISAPPROVED (*If checked, also complete Items 9, 11 and 12*)

9. REASON FOR DISAPPROVAL

10. PROPOSED EFFECTIVE DATE
(*Month, day, year*)

11. SIGNATURE OF SECOND-LINE SUPERVISOR OR APPROVING OFFICIAL

12. DATE SIGNED (*Month, day, year*)